

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>15080</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>THOMAS D. REIHERZEN</u> P.O. Box, Bldg., Room No., if any Street <u>11107 79th STREET</u> City <u>PLEASANT PRAIRIE</u> State <u>WISCONSIN</u> ZIP Code + 4 <u>53158</u>	4. Name, file number, and address of labor organization. Name <u>O.P.E.C.M.I.A. LOCAL 599 AREA 845</u> Labor Organization File Number <u>021382</u> P.O. Box, Building and Room Number, if any Street <u>3030 39th AVE</u> City <u>KEWOSHA</u> State <u>WISCONSIN</u> ZIP Code + 4 <u>53144</u>
5. Position in labor organization. <u>BUSINESS MANAGER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Thomas D. Reiherzen</u>	On <u>8/11/05</u> Date	<u>1-262-654-1680</u> Telephone Number

Name of Person Filing **THOMAS D. REIHERZER**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **O.P.E.C.M.T.A. Local 599 AREA 845**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **3030 29TH AVE**City **KENOSHA**State **WI**ZIP Code + 4 **53144**

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **RACINE COAST INDUSTRY PENSION PLAN**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **2100 N. MAYFAIR RD, SUITE 100**City **MILWAUKEE**State **WI**ZIP Code + 4 **53226****2203**

11.a. Nature of such dealing.

TRUSTEE ON PENSION FUND

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

EDUCATIONAL CONFERENCE**NEW ORLEANS - REGISTRATION
AIR FARE, MEALS, HOTEL, TIPS & TRANSPORTATION**

12.b. Amount.

\$2,303.90

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing

THOMAS D. REITERZEN

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name O.P.E.C.M.I.A. LOCAL 599 AREA 845

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3030 39th AVE

City KENOSHA

State WI

ZIP Code + 4 53144

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name THE SEGAL CO.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 101 N. WACKER DR. Suite 500

City Chicago

State IL

ZIP Code + 4 60606

7376

11.a. Nature of such dealing.

ACTUARIAL for Pension

11.b. Approximate dollar value of such dealing.

\$30,000.00

12.a. Nature of interest held or income received.

Chicago Cubs - 4 Tickets
@ 36.00 each

12.b. Amount.

\$144.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing

THOMAS D. REITERER

File Number U-

8. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name O.P.E.C.M.I.A. LOCAL 599 AREA 845

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3030 39TH AVE

City KENOSHA

State WI ZIP Code + 4 53144

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name ZENITH ADMINISTRATORS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2100 N. MAYFAIR RD. SUITE 100

City MILWAUKEE

State WI ZIP Code + 4 53226

2203

11.a. Nature of such dealing.

PENSION ADMINISTRATOR

11.b. Approximate dollar value of such dealing.

\$60,000.00

12.a. Nature of interest held or income received.

MILWAUKEE BREWERS -
4 TICKETS & PARKING PASS

12.b. Amount.

\$ 98.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <u>THOMAS D. REIHERZER</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name O.P. & C.M.I.A. LOCAL 599 AREA 845
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street 3030 39TH AVE
City KENOSHA
State WI ZIP Code + 4 53144

9. Business deals with:

- ☐ a. Labor Organization
☐ b. Trust
☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Frey Berg, Hinkle, Ashland, Powers
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street 15420 W. CAPITOL
City BROOKFIELD
State WI ZIP Code + 4 53005

11.a. Nature of such dealing.

ACCOUNTANT

11.b. Approximate dollar value of such dealing.

\$8,925

12.a. Nature of interest held or income received.

GOLF OUTING

12.b. Amount.

\$100.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street
City
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

THOMAS D. REITHEIMER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name O.P. & C.M.I.A. LOCAL 599 AREA 845

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 3030 39th AVECity KENOSHAState WIZIP Code + 4 53144

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name FIDUCIARY MANAGEMENT

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 55 W. MONROE AVE, Suite 2550City CHICAGOState ILZIP Code + 4 60603

11.a. Nature of such dealing.

INVESTMENT CONSULTANT

11.b. Approximate dollar value of such dealing.

NONE

12.a. Nature of interest held or income received.

DINNER

12.b. Amount.

\$ 175.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____

ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing

THOMAS D. REIHERZEN

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name O.P. & C.M.I.A. Local 599 Area 845

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3030 39TH AVECity KENOSHAState WIZIP Code + 4 53144

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SEGALL, BRYANT & HAMILL

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 10 S. WACKER DR. Suite 2150City CHICAGOState ILZIP Code + 4 606067407

11.a. Nature of such dealing.

INVESTMENT CONSULTANT

11.b. Approximate dollar value of such dealing.

NONE

12.a. Nature of interest held or income received.

DINNER

12.b. Amount.

\$165.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing THOMAS D. REIHERZER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name O.P. & C.M.I.A. Local 599 AREA 2845

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 3030 39th AVECity KENOSHAState WIZIP Code + 4 53144

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name STIFEL, NICOLAUS & CO., INC.

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 18000 W. SARAH LANE, SUITE 180City BROOKFIELDState WIZIP Code + 4 53045

11.a. Nature of such dealing.

INVESTMENT CONSULTANT

11.b. Approximate dollar value of such dealing.

NONE

12.a. Nature of interest held or income received.

GOLF & LUNCH

12.b. Amount.

\$ 110.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____

ZIP Code + 4 _____

14.a. Nature of payment.

14.b. Amount of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

Name of Person Filing THOMAS D. REIHERZEN

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name O.P. & C.M.I.A. LOCAL 599 AMEN 845

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 3030 39TH AVECity KENOSHAState WI ZIP Code + 4 53144

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name STIFEL, NICOLAUS & CO, INC.

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 18000 W. SARAH LAKE, SUITE 180City BROOKFIELDState WI ZIP Code + 4 53405

11.a. Nature of such dealing.

INVESTMENT CONSULTANT

11.b. Approximate dollar value of such dealing.

NONE

12.a. Nature of interest held or income received.

GREATER MILWAUKEE OPEN
GOLF TICKETS

12.b. Amount.

\$30.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter, which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Thomas D. Reichen
Signature

8/15/05
Date